FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 20 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 762902 **(5)**

1. Corporation Name
MILWAUKEE GROVE HOUSE, INC.

Principal Place of Business	Mailing Address
753 SCOTLAND ST DUNEDIN FL 34698	753 SCOTLAND ST DUNEDIN FL 34698

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/16/1982
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2186798 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HOUGHTON, ERIC A. 1515 BAYSHORE BLVD #28 DUNEDIN FL 34698	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Eric A. Houghton — 4/17/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	SD	☒ Change ☒ Addition
NAME	GRABER, ARLENE	1.2 NAME	Kivisto, Mary	
STREET ADDRESS	1305 CURLEW ROAD	1.3 STREET ADDRESS	3209 Parkway PL	
CITY-ST-ZIP	DUNEDIN FL	1.4 CITY-ST-ZIP	Palm Harbor, FL 34684	
TITLE	TD	2.1 TITLE	TD	☒ Change ☒ Addition
NAME	HOUGHTON, REBECCA	2.2 NAME	Kivisto, Donald	
STREET ADDRESS	1515 BAYSHORE BLVD., #28	2.3 STREET ADDRESS	3209 Parkway PL	
CITY-ST-ZIP	DUNEDIN FL	2.4 CITY-ST-ZIP	Palm Harbor, FL 34684	
TITLE	SD	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	COKER, JANIS	3.2 NAME		
STREET ADDRESS	234 THIRD AVENUE N.	3.3 STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL	3.4 CITY-ST-ZIP		
TITLE	PD	4.1 TITLE	D	☒ Change ☒ Addition
NAME	GRABER, DONALD	4.2 NAME	Scott, JOAN	
STREET ADDRESS	1305 CURLEW ROAD	4.3 STREET ADDRESS	634 Edgewater #243	
CITY-ST-ZIP	DUNEDIN, FL 00000	4.4 CITY-ST-ZIP	Dunedin, FL 34698	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	HANNA, JEAN	5.2 NAME		
STREET ADDRESS	700 MEASE PLAZA #746	5.3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	TREBESCH, ANNEMY	6.2 NAME		
STREET ADDRESS	590 HICKORYNUT AVENUE	6.3 STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donald Kivisto — Donald Kivisto — 4-12-95 — 813-736-6632
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #